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PTO/SB/21 (6-98)  
Approved for use through 09/30/2000. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/292,132	
	Filing Date	April 14, 1999	
	First Named Inventor	Salman Akram et al.	
	Group Art Unit	2812	
	Examiner Name	S. Mulpuri	
Total Number of Pages in This Submission	13	Attorney Docket Number	MI22-1171

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	Return Postcard Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Check for \$110.00
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	Copy of April 14, 1999
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	IDS and PTO
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		Form-1449

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James D. Shaurette, Reg. No. 39,833 Wells, St. John, Roberts, Gregory & Matkin, P.S.
Signature	
Date	8/4/00

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 8-4-00	
Typed or printed name	Natalie King
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Date	8-4-00

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PTO/SB/17 (12/98)

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# FEE TRANSMITTAL

## for FY 1999

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$110.00)

### Complete if Known

Application Number 09/292,132  
Filing Date April 14, 1999  
First Named Inventor Salman Akram et al.  
Examiner Name S. Mulpuri  
Group / Art Unit 2812  
Attorney Docket No. MI22-1171

### METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 23-0925  
Deposit Account Name Wells, St. John, Roberts

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760 201 380		Utility filing fee	
106 310 206 155		Design filing fee	
107 480 207 240		Plant filing fee	
108 760 208 380		Reissue filing fee	
114 150 214 75		Provisional filing fee	

SUBTOTAL (1) (\$)

#### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	0.00
Multiple Dependent	-3** =	X	0.00

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18 203 9		Claims in excess of 20	
102 78 202 39		Independent claims in excess of 3	
104 260 204 130		Multiple dependent claim, if not paid	
109 78 209 39		** Reissue independent claims over original patent	
110 18 210 9		** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$0.00)

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130 205 65		Surcharge - late filing fee or oath	0.00
127 50 227 25		Surcharge - late provisional filing fee or cover sheet.	0.00
139 130 139 130		Non-English specification	0.00
147 2,520 147 2,520		For filing a request for reexamination	0.00
112 920* 112 920*		Requesting publication of SIR prior to Examiner action	0.00
113 1,840* 113 1,840*		Requesting publication of SIR after Examiner action	0.00
115 110 215 55		Extension for reply within first month	0.00
116 380 216 190		Extension for reply within second month	0.00
117 870 217 435		Extension for reply within third month	0.00
118 1,360 218 680		Extension for reply within fourth month	0.00
128 1,850 228 925		Extension for reply within fifth month	0.00
119 300 219 150		Notice of Appeal	0.00
120 300 220 150		Filing a brief in support of an appeal	0.00
121 260 221 130		Request for oral hearing	0.00
138 1,510 138 1,510		Petition to institute a public use proceeding	0.00
140 110 240 55		Petition to revive - unavoidable	0.00
141 1,210 241 605		Petition to revive - unintentional	0.00
142 1,210 242 605		Utility issue fee (or reissue)	0.00
143 430 243 215		Design issue fee	0.00
144 580 244 290		Plant issue fee	0.00
122 130 122 130		Petitions to the Commissioner	0.00
123 50 123 50		Petitions related to provisional applications	0.00
126 240 126 240		Submission of Information Disclosure Stmt	0.00
581 40 581 40		Recording each patent assignment per property (times number of properties)	0.00
146 760 246 380		Filing a submission after final rejection (37 CFR 1.129(a))	0.00
149 760 249 380		For each additional invention to be examined (37 CFR 1.129(b))	0.00
		Other fee (specify) Terminal Disclaimer	110.00
		Other fee (specify)	0.00

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$110.00)

### SUBMITTED BY

Typed or Printed Name James D. Shaurette

Signature

Date

8/4/00

### Complete (if applicable)

Reg. Number 39,833

Deposit Account User ID

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